

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
Official Use Only

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Zito	Renee		(916) 445-1943		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1700 K Street		Sacramento	CA	95811	rzito@adp.ca.gov (916) 324-7338

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
*Dept of Alcohol + Drug Programs*

Division, Board, District, if applicable:

Your Position:  
*Director*

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State
- ☐ County of \_\_\_\_\_
- ☐ City of \_\_\_\_\_
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: *02/26/07*

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed *February 17, 2009*

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Renee Zito</u>
--

▶ NAME OF SOURCE Medical Educational Services, Inc., PDN

ADDRESS P.O. BOX 664  
Eau Claire, WI 54702-0664

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/08</u>	<u>\$ 188.00</u>	<u>Training/Program</u>
<u>    </u>	<u>\$</u>	<u>    </u>
<u>    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    </u>	<u>\$</u>	<u>    </u>
<u>    </u>	<u>\$</u>	<u>    </u>
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ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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<u>    </u>	<u>\$</u>	<u>    </u>

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**

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**AMENDMENT**

**COVER PAGE**

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
ZITO	RENEE		(916) 445-1943	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1700 K Street		Sacramento	CA	95811
			OPTIONAL: FAX / E-MAIL ADDRESS	
			rzito@adp.ca.gov (916) 324-7338	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Alcohol & Drug Programs

Division, Board, District, if applicable

Office of the Director

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s). (Attach a separate sheet if necessary.)

Agency \_\_\_\_\_

Position \_\_\_\_\_

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☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date 2 / 26 / 07

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

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Real Property

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Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/10/09

Signature

(File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE Medical Educational Services, Inc., PDN  
ADDRESS P.O. Box 664  
Eau Claire, WI 54702-0664  
BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Verification**

Print Name \_\_\_\_\_  
Office, Agency or Court \_\_\_\_\_

Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☐    Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_  
(month day, year)

Signature \_\_\_\_\_

Comments: \_\_\_\_\_